
THE IMPACT OF TOBACCO AND CIGARETTE SMOKING IN ORAL HEALTH AMONG RESIDENTS OF PUBLIC HOUSING

October 15, 2025



Housekeeping Items

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email



Moderators



Fide Pineda Sandoval,
MPH, CHES
Technical Assistance
Manager



Olajumoke Oladipo, MPH
Health Communications
and Research Analyst

Irene Hilton, DDS, MPH, FACD



- Served on the Board of Directors for six years at NNOHA
- Received her DDS degree from UCSF, her MPH from UC Berkeley and is board certified in dental public health
- Member of the Best Practices Committee of the Association of State & Territorial Dental Directors and the executive committee of the ADA's Dental Quality Alliance

Eva Book Martin, CHES, CTTS



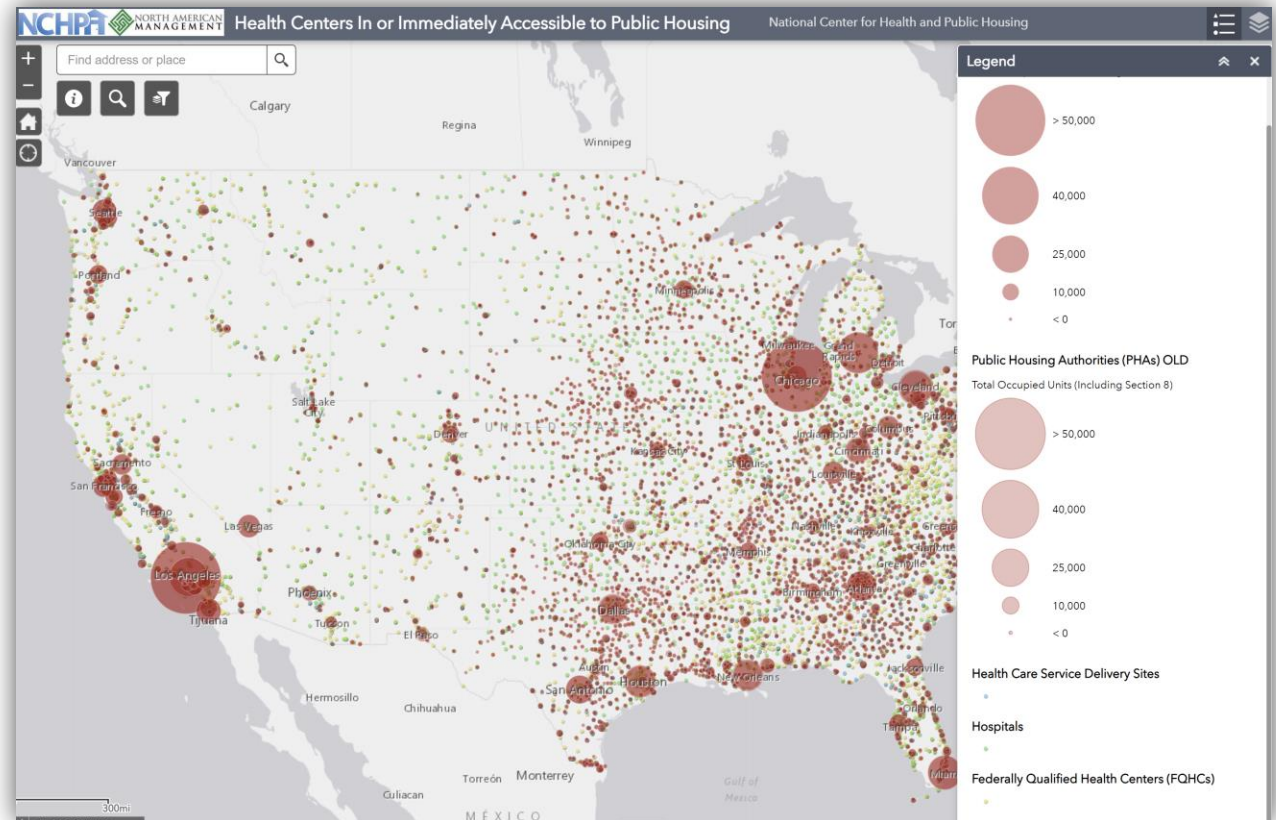
- Senior Manager | Nationwide Tobacco Programs at the American Lung Association (ALA)
- Leads expert content for gold-standard tobacco cessation programs
- Supports asthma and general tobacco initiatives across the country

Today's Objectives

1. Examine tobacco use trends among public housing residents.
2. Understand the role of dental teams in tobacco cessation, including evidence-based interventions like the 5 A's.
3. Explore practical tools, resources, and strategies for implementing integrated tobacco cessation programs in health centers.

Location of Public Housing Primary Care Health Centers (PHPCs) and Public Housing Developments

- **1,359** Health centers = 32.3 million patients
- **485** Health centers near public housing = 6.7 million patients
- **107** Public Housing Primary Care (PHPC) Grantees = 1.1 million patients



PHPC Health Center Patient Demographics 2024



**Below
Federal
Poverty
76.03%**



**Female
58.06%**



**Children
26.49%**



**Elderly
11.57%**



**Uninsured
18.9%**

PUBLIC HOUSING RESIDENT DEMOGRAPHICS



1.6 million residents

2 persons per household

32% female headed households
with children

PUBLIC HOUSING RESIDENT DEMOGRAPHICS

35% children

40% elderly (62+)

23% disabled amongst all
persons in households

90% Very Low Income

TOBACCO USE IN HEALTH CENTER PROGRAMS

Tobacco Use Disorder Table 6a Line 19a	All Health Centers	PHPCs
	N of patients	N of patients
Tobacco use disorder	1,499,468	48,125

Tobacco Screening and Preventive Services Table 6a Line 26c	All Health Centers	PHPCs
	N of patients	N of patients
Smoke and tobacco use cessation counseling	2,200,069	40,338

Source: [2024 UDS Table 6A](#)

Two vertical bars, one dark blue and one green, are positioned to the left of the title.

Impact of Tobacco Products on Oral Health

Irene V. Hilton, DDS, MPH
NNOHA Dental Consultant
October 15, 2025



About NNOHA

- Founded in 1991 by FQHC Dental Directors who identified a need for peer-to-peer networking, collaboration, research, and support
- Membership now includes more than 5,400 dentists, dental hygienists, dental assistants, supporters, and partners



HRSA National Training and Technical Assistance Partner



Small Group Trainings



NNOHA Listserv



Annual Conference



NNOHA Oral Health
Leadership Institute
(NOHLI)



Webinars and on-demand
learning



Resources: publications,
dental forms library,
promising practices, and
more!

Visit nnoha.org or email info@nnoha.org



Types of Tobacco/Tobacco-simulation Products



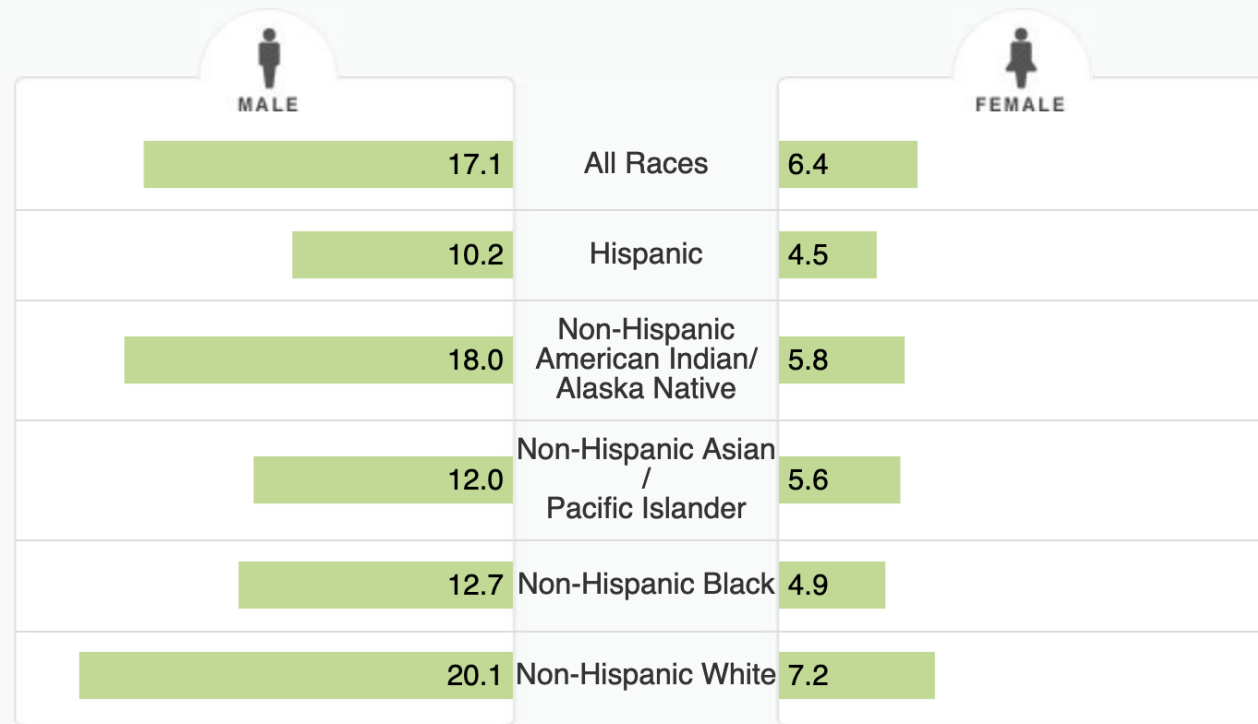
Oral Cancer & Smoking

- 59,660 new cases/year
- 12,770 deaths/year
- 5-year survival rate of tongue cancer- 71%...
- Smokers 6x more likely to develop oral cancer than non-smokers



Oral Cancer Rates

Rate of New Cases per 100,000 Persons by Race/Ethnicity & Sex: Oral Cavity and Pharynx Cancer



SEER 22, 2017-2021, Age-adjusted, NCI



Other Impacts of Cigarette Smoking

- Periodontal (gum) disease
- Stained teeth
- Bad breath
- Tooth decay
- Delayed healing after dental surgery

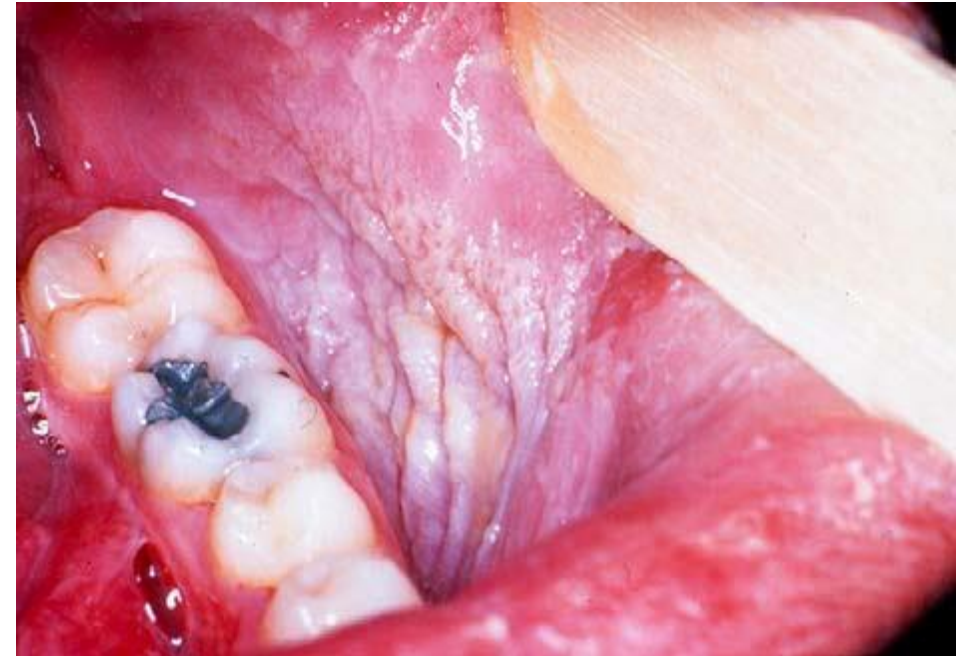


Reddit

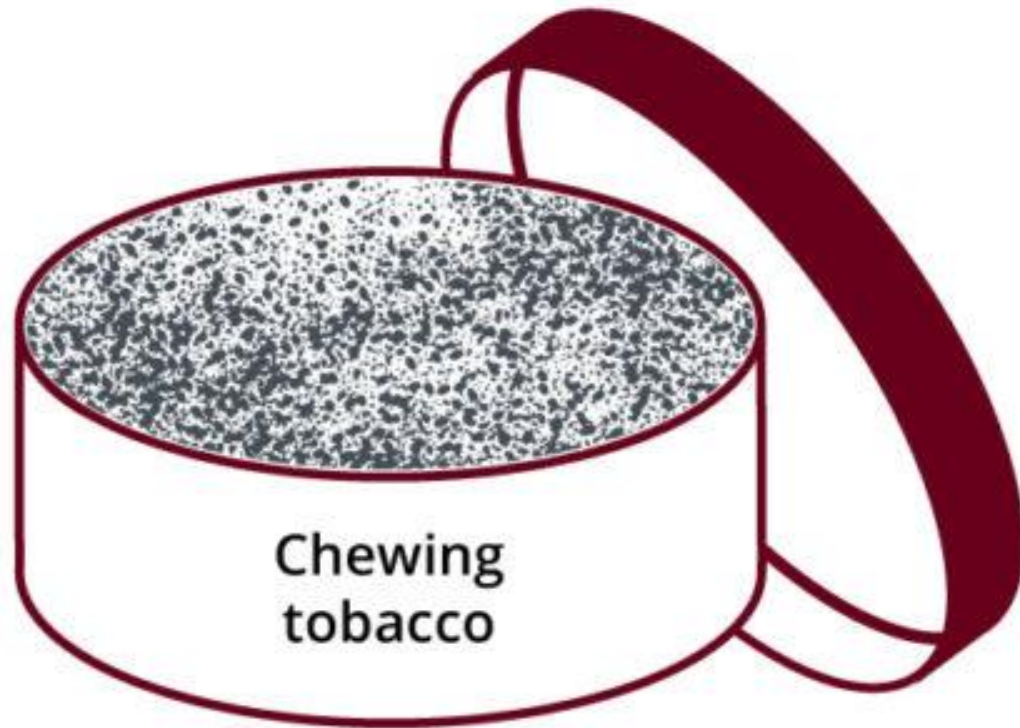


Smokeless Tobacco

- Increased risk of oral cancer
- Location- tissues that contact the tobacco
- 3.8 % of US adults use smokeless tobacco
- 4.1% of high school students use smokeless tobacco



Health risks of chewing tobacco include:



Oral cancers
(mouth, throat, cheek,
gums, lips, or tongue)



Dental problems
(cavities, teeth staining,
and gum disease)



Pancreas cancer



Esophagus cancer

Source: <https://www.mayoclinic.org/healthy-lifestyle/quit-smoking/in-depth/chewing-tobacco/art-20047428>



Waterpipe Smoking (Hookah)

- Worldwide- Middle East, Asia, and Africa
- Group activity
- Youth & young adults

Smoking a hookah is the equivalent of smoking **100 cigarettes**



Source: World Health Organization (2005); mentioned in the October 2015 issue of *The Journal of the American Dental Association*

Learn more at **MouthHealthy.org**

Mouth Healthy™ ADA®



Electronic Cigarettes- Vaping

- Gum disease
- Dental cavities
- Oral mucosal lesions
- Dry mouth
- Delayed healing
- Changes in the oral microbiome

Multiple studies show E-cigarettes are a gateway to smoking conventional cigarettes for youth

Cichońska D, Kusiak A, Goniewicz ML. The Impact of E-Cigarettes on Oral Health-A Narrative Review. *Dent J (Basel)*. 2024 Dec 10;12(12):404.

Iacob AM, Escobedo Martínez MF, Barbeito Castro E, Junquera Olay S, Olay García S, Junquera Gutiérrez LM. Effects of Vape Use on Oral Health: A Review of the Literature. *Medicina (Kaunas)*. 2024 Feb 21;60(3):365.



Action Steps for Cancer Screening

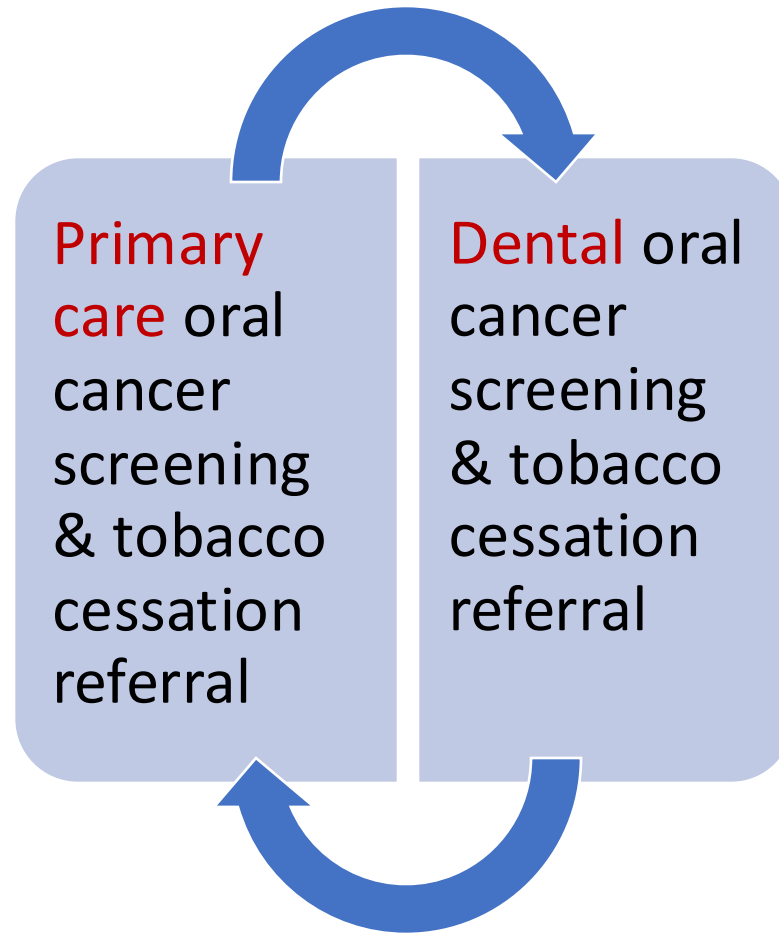
- Individuals most at risk tend to be uninsured
- Even less dental access than medical access
- Screening in the medical setting



Oral Cancer Screening



Whole-Person Care



Contact Us!



Candace Hsu Owen, RDH, MS, MPH
Education Director
candace@nnoha.org



Irene Hilton, DDS, MPH
Dental Consultant
irene@nnoha.org

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$550,000 under grant number U30SC29051 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).





October 2025

The Impact of Tobacco Use in Oral Health

Eva Book Martin, CHES, CTTS

Senior Manager | Nationwide Tobacco Programs

American Lung Association



Nobody knows oral health better than you.
Nobody knows the dangers of tobacco better than us.
Together, we can help your patients live healthier lives.

At the American Lung Association, we've compiled a list of resources and insights within the Oral Health Toolkit to help you navigate conversations with your patients.

These tobacco products do more than damage their smiles; they damage their health, too.



Oral Health Toolkit
Help Your Patients Smile
Bright & Live Tobacco-Free



Health Benefits of Quitting



- Improves health & increases life expectancy
- Lowers risk of 12 types of cancer
- Lowers risk of cardiovascular disease
- Lowers risk of chronic obstructive pulmonary disease (COPD)
- Lowers risk of some poor reproductive health outcomes
- Benefits people who have already been diagnosed with COPD
- Benefits people at any age

Role of Oral Health Providers

Dental Professionals

- I. Dentists should be fully aware of the oral and maxillofacial health risks that are causally associated with tobacco use.
- II. Dentists should routinely screen patients for tobacco use and provide clinical preventative services to stop first time tobacco use, as well as encourage current tobacco users to quit.



Role of Oral Health Providers

Dental Hygienist

- I. Dental hygienists typically spend more time with patients than dentists, and your role is more focused on prevention, making you a wonderful referral source for smoking cessation programs and resources.
- II. As a dental hygienist, you can play an important role in tobacco cessation by documenting tobacco use history and offering brief advice and printed materials as a routine part of clinical practice.



Role of Oral Health Providers

Dental Office Staff

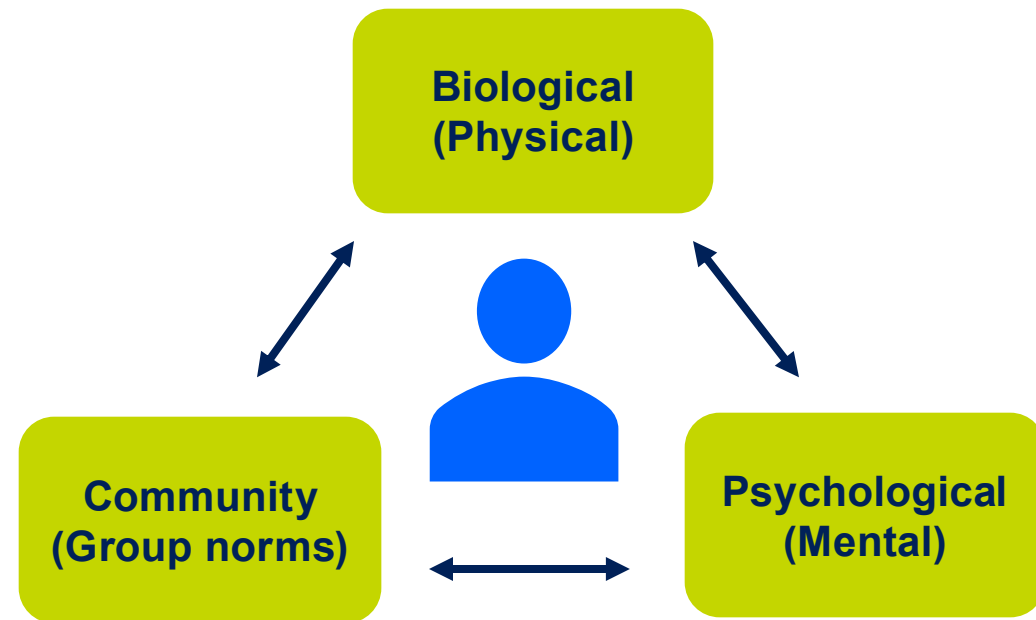
- I. Front desk administrators, schedulers, and other support staff are often the first and last point of contact. You can keep smoking cessation information handy in case the patient requests it.



Understanding Your Patients

Why It's Hard to Quit

- **Bio**
 - Physical dependence on nicotine's effects (mood, appetite, arousal)
- **Psycho**
 - Habit loops & emotional coping
 - Triggers (routine, environment)
- **Community**
 - Group norms, smoke-break rituals
 - Identity and support networks



Tobacco Treatment

Core Beliefs About Cessation

- Everyone can quit.
- You don't have to quit alone.
- Every moment you don't use tobacco is a success.
- You had to learn how to use tobacco and you have to learn how to quit.
- It takes most tobacco users several tries before they're able to quit for good.
- One size doesn't fit all.
- Combine a cessation **counseling program** and **medication** for the best results.
- A slip isn't the same as relapse.

Cessation Intervention

Ask, Advise, Assess, Assist, Arrange



- **ASK** about tobacco use at every visit
- **ADVISE** the user to quit
- **ASSESS** their willingness to quit
- **ASSIST** with a quit plan
- **ARRANGE** follow up contact



Approach	Suggested Action
ASK	<p>“Do you ever smoke or use any type of tobacco product?”</p> <p>“How often do you use it?”</p>
ADVISE	<p>“There have been some tissue changes in your mouth, and your gum health is getting worse since your last visit. It looks like the use of tobacco is affecting your health.”</p> <p>“The best thing that I can do for you today to protect your current and future health is to advise you to quit”</p>
ASSESS	<p>“Would you like to try to quit in the next month/year?”</p> <p>“On a scale of 0-10 (0 being not at all important and 10 being very important), how important is it for you to quit?”</p>
ASSIST	<p>For patients who are ready to quit: “Would you like to create a quit plan with me today?”</p> <p>For patients who are not ready to quit: Provide a brief intervention or motivational interview using strategies to enhance patient readiness, confidence, and conviction to make a quit attempt.</p>
ARRANGE	<p>For patients who are not ready to quit: “If it’s okay with you, I’d like to check in with you at your next appointment to see where you are in your decision-making.</p> <p>For patients who are ready to quit: “If it’s okay with you, I’d like to schedule a follow-up appointment or phone call to discuss your progress</p>

Cessation Intervention

Ask, Advise, Refer



- **ASK** about tobacco use at every visit
 - “Do you smoke, vape or use any other form of tobacco”?
- **ADVISE** the user to quit
 - “Quitting is challenging, and it is the single best thing you can do for yourself. There are programs and medications that can help you quit. Are you willing to give quitting a try?”
- **REFER** the tobacco user to cessation services
 - “The American Lung Association is equipped, there to help you go tobacco-free! You can reach them at 1-800-LUNG-USA or Lung.org.”

Freedom From Smoking®



- Voluntary, interactive and supportive
- Addiction-based model with behavior change focus
- Supports use of cessation medications
- Multiple delivery options:
 - Freedom From Smoking® in-person group clinic *
 - Freedom From Smoking® Plus *
 - Lung HelpLine *
 - Freedom From Smoking® self-help guide *



Visit Lung.org/FFS!

A screenshot of the American Lung Association's Freedom From Smoking website. The header includes the organization's logo and the text "Thinking of quitting tobacco? You don't have to do it alone." Below this, a banner states "The American Lung Association has you covered. Find the support that works best for you." The main content area is divided into four sections: "Freedom From Smoking® Group Clinics" (describing in-person support), "Lung HelpLine & Tobacco QuitLine" (describing phone support), "Freedom From Smoking® Plus" (describing a digital program), and "Freedom From Smoking® Self-Help Guide" (describing a manual). Each section includes a brief description and a link to "Lung.org/FFS". The footer features the American Lung Association logo and the text "Freedom From Smoking.".



Cessation Resources

Educational Trainings & Resources



- Free trainings include:
 - Tobacco Basics
 - How to Help People Quit
 - Ask, Advise, Refer to Quit Don't Switch
 - ACT To Address Youth Cessation
 - Talking to Your Child About Vaping

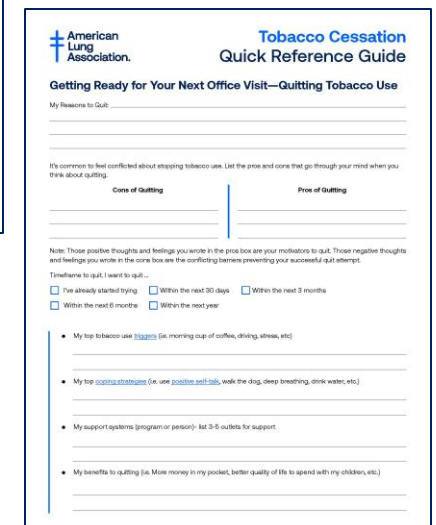
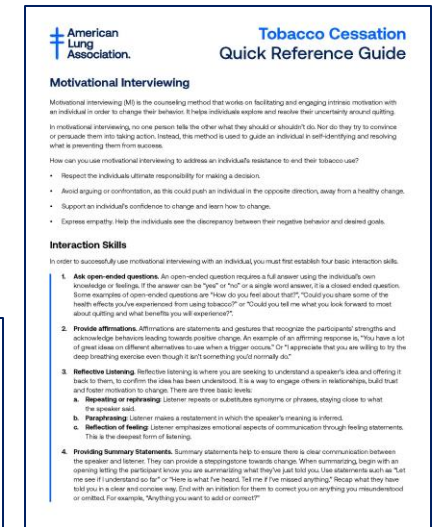
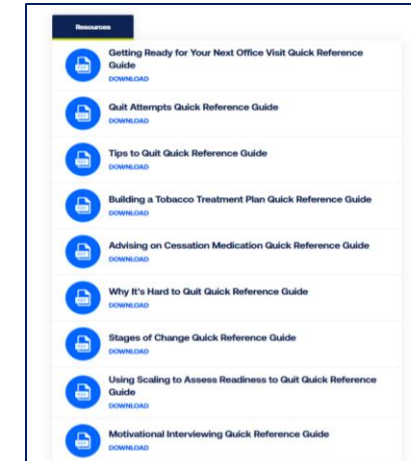


Visit [Lung.Training](https://www.lung.org/education/training) for access to these free trainings!

Quick Reference Guides

Tailored Materials for Patients

- Quick Reference Guides
 - Building a Quit Plan
 - Ask-Advise-Refer
 - Motivational Interviewing
 - Stages of Change
 - Tips to Quit
 - Using Scales
- One Pagers
 - Secondhand Smoke
 - Thirdhand Smoke
 - Quitting Benefits
 - Health Effects



Visit [Lung.org/QuitSmoking!](https://www.lung.org/QuitSmoking)

Contact our Team:



Eva Book Martin

Senior Manager, Nationwide Tobacco Programs

Eva.Book@Lung.org

Lung.org



Our Vision
A World Free of Lung Disease

Q & A SESSION



COMPLETE OUR POST EVALUATION SURVEY



NATIONAL CENTER FOR HEALTH IN PUBLIC HOUSING

- This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$668,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).



CONTACT INFORMATION

Robert Burns
Program Director
Bobburns@namgt.com

Jose Leon, M.D.
Manager of Clinical Quality
jose.leon@namgt.com

Kevin Lombardi, M.D., M.P.H.
Manager of Policy, Research, and Health Promotion
Kevin.lombardi@namgt.com

Fide Pineda Sandoval, MPH, C.H.E.S.
Training and Technical Assistance Manager
Fide@namgt.com

Chantel Murray, M.A.
Manager of Communications
Cmoore@namgt.com

Please contact our team for Training and Technical Support
703-812-8822

Olajumoke Oladipo, MPH
Health Communications and Research Analyst
Olajumoke@namgt.com

